

## THERAPEUTIC SERVICES ADDENDUM

It is understood that this entire Agreement contains the General Terms and Conditions adhered to by all **Providers** as well as the Therapeutic Services Addendum and Therapist Services and Rate Sheet. Where there exists any inconsistency between the General Terms and Conditions and the Therapeutic Services Addendum, the latter will control.

### SERVICES PROVIDED

#### 1. THERAPEUTIC SERVICES:

- A. **Individual Therapy:** Provided to children or adults assessed as capable of utilizing the intervention. Specific treatment goals and objectives are developed to improve behavior and functioning, strengthen coping skills, and promote positive emotional growth and development. The therapeutic approach will be consistent with standards of practice for the identified difficulties and diagnoses, and be solution-focused and outcome-oriented.
- B. **Family Therapy:** Provided to the child and/or family to strengthen family relationships and patterns of communication, improve interpersonal boundaries, encourage responsible behaviors, and improve parenting skills. The goals and objectives developed will be implemented in a focused and skill-building manner.
- C. **Group Therapy:** Provided to the child/parent with unrelated group members who share similar issues or concerns, and when the child/parent can benefit from the support and confrontation of the group process. Group sessions will be focused, topic and process-oriented, and be used to enhance skill development and social functioning.

#### 2. EVALUATIONS, TESTING, AND ASSESSMENTS: All evaluations shall begin with a review of the youth/adult's background, and clinical interview with the youth/adult. Collateral interviews with parents, teachers, therapists, referring workers, court, and social services personnel, are included as appropriate.

- A. **Reports.** A written report shall be provided within fourteen (14) calendar days upon completion of the evaluation. This report shall be concise, reflect all results, impressions and interpretations, and be written in language that is understandable to non-mental health professionals. The report format shall include the following:
  - 1) Reason for referral and referral source;
  - 2) Techniques and tests used in the evaluation or assessment;
  - 3) Test results and interpretation, including a description of strengths and

- weaknesses; and
- 4) Recommendations, including the need for therapy, changes in living environment, educational needs, or recommendation for further evaluation.

**B. Evaluation Services** include psychological testing; developmental evaluation; parenting assessment; psychiatric evaluation; and medication monitoring.

- 1) **Psychological Testing** includes clinical interviews and record review followed by administration, scoring, and interpretation of standardized tests approved by the American Psychological Association. Psychological Assistants may be utilized in the administration of psychological testing when supervised by a licensed practitioner and so long as the supervising licensed practitioner and not the psychological assistant agrees to testify in court, if required. Tests shall be chosen to evaluate:
  - a) Intellectual functioning, utilizing such tests as the Wechsler Intelligence Scale for Children III or Stanford-Binet, 4th Edition.
  - b) Personality structure, utilizing projective and objective techniques, including tests such as the Rorschach Inkblot Test, Thematic Apperception Test, Projective Drawings, and Minnesota Multiphasic Personality Inventory.
  - c) Gross functioning, using screening tests such as the Bender-Gestalt or the Developmental Test of Visual-motor Integration. Additional neurological assessments, such as the Luria or the Halstead-Reitan must be approved by the Case Manager.
  - d) Educational evaluation, using tests measuring knowledge and achievement, such as the Weschsler Individual Achievement Test or Woodcock- Johnson.
- 2) **Developmental Evaluation** shall be provided to assess growth and development, and begin with review and assessment of history from parents, care givers and other appropriate individuals, as well as the child. This information shall be combined with the following:
  - a) Standardized tests and tools, such as the McCarthy and Bailey.
  - b) Both observation and interactive techniques.
- 3) **Parenting Assessment** shall be provided to evaluate parenting strengths and weaknesses, in the context of the individual needs of the child. The evaluation process shall include:
  - a) Interviews with, and assessment of parent(s) and children using structured and unstructured methods.
  - b) Where appropriate, psychological testing of one or all of the parties with the cost of the psychological testing at the agreed upon rate appearing on the "Therapist Services and Rates Sheet".
  - c) Formal observation of parent/child interaction and interpretation of these observations in the context of assessment of each individual.

- d) The written report shall include both individual evaluation results, as well as an integrated summary of those results for all family members.
- 4) **Psychiatric Evaluation** shall be provided by a physician licensed to practice psychiatry and skilled in the evaluation, diagnosis, and treatment of youth and adults. The evaluation shall include, but not be limited to:
  - a) Review of the record.
  - b) Collateral interviews with parents, teachers, referring worker, and others as appropriate.
  - c) A minimum of a one hour interview with the individual to be evaluated.
  - d) Evaluation feedback session with the individual evaluated.
  - e) Written report
- 5) **Mental Health Assessment** shall be provided by a licensed professional for the purposes of assessing functioning, providing diagnosis and making recommendations related to treatment interventions. Professionals shall provide a written report including findings and recommendations, and participate in meetings to develop a treatment plan. The licensed professional shall possess the training and expertise to complete the assessment.
- 5) **Psychological Reassessment** is provided by a licensed professional skilled in the administration and interpretation of psychological tests for the purpose of updating any evaluation. The licensed professional can either be the professional who performed the previous evaluation(s), or if not the original professional will review reports of previous evaluations and may supplement such evaluations as needed and appropriate with additional assessment techniques and interviews. The reassessment shall be provided in writing and the licensed provider shall participate in meetings to provide recommendations and make a service plan.
- 7) **Neuropsychological Assessment** shall be administered by a licensed clinical psychologist with specialized training in this area, and a minimum of one year of experience. Service can be provided if there is evidence from an earlier mental health assessment that there are deficits which can only be properly assessed with this type of testing. Testing should include clinical interviews, record review followed by administering, scoring, and interpreting the standard tests. The content of the battery of tests will be chosen to address the specific referral questions and should be in addition to, or subsequent to, a standard battery of tests to assess cognitive and personality functioning. The professional shall provide a written report indicating the tests administered, findings and recommendations, and shall participate in development of the treatment plan if requested.

- 8) **Medication Assessment** is an initial one-hour appointment by a Psychiatrist to assess the need for medication and begin the prescribing of medication, if appropriate. A phone call to the Case Manager, followed up by a written report, is required to provide the results of the assessment.
- 9) **Medication Management Visit** means a visit which is typically 15 - 20 minutes in length with a licensed physician or other licensed health care provider with prescriptive authority for the sole purpose of monitoring and adjusting medications prescribed for mental health or substance abuse treatment. The licensed physician or other licensed health care provider with prescriptive authority shall provide written and oral feedback of any side effects of the prescribed medication to the client and the Case Manager.

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Authorized Representative of Provider

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James Gillespie

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Title

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CSA Program Manager  
Title

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Date

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Date